

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90026 003 *1,200.00

DOCUMENT # P94000074596

1. Corporation Name KIMCO SARASOTA 378, INC.

Principal Place of Business: KIMCO REALTY CORP., P.O. BOX 5020, NEW HYDE PARK NY 11042-0020
 Mailing Address: KIMCO REALTY CORP., P.O. BOX 5020, NEW HYDE PARK NY 11042-0020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/11/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0531169	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
81 Name				85 Zip Code			
82 Street Address (P.O. Box Number is Not Acceptable)				FL			
83							
84 City							

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMEL, MARTIN S	1 2 NAME	
STREET ADDRESS	3333 HYDE PARK ROAD	1 3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	1 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, MILTON	2 2 NAME	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	2 3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	2 4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, MIKE	3 2 NAME	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	3 3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY	3 4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAGALLO, MIKE	4 2 NAME	
STREET ADDRESS	3333 HYDE PARK ROAD	4 3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	4 4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUDERER, BRUCE	5 2 NAME	
STREET ADDRESS	3333 HYDE PARK ROAD	5 3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	5 4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, ALEX	6 2 NAME	
STREET ADDRESS	3333 HYDE PARK ROAD	6 3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	6 4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: Michael V. Pappagallo 1/6/99 516-869-9000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)